INGLESIDE

	407	NORTH	8TH	STREET
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MOUNT HOREB	53572	Phone: (608) 437-5511		Ownership:	Corporation
Operated from 1/	1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjun	ction with I	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Se	t Up and Sta	affed (12/31/02):	119	Title 18 (Medicare) Certified?	Yes
Total Licensed Be	d Capacity	(12/31/02):	119	Title 19 (Medicaid) Certified?	Yes
Number of Residen	ts on 12/31,	/02:	108	Average Daily Census:	113

Services Provided to Non-Residents	I	·	Length of Stay (12/31/02) %						
Home Health Care Supp. Home Care-Personal Care		Primary Diagnosis	%	Age Groups	90	Less Than 1 Year			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	8.3	More Than 4 Years	26.9		
Day Services	No	Mental Illness (Org./Psy)	25.9	65 - 74	5.6	I			
Respite Care	Yes	Mental Illness (Other)	5.6	75 - 84	25.0	I	100.0		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	48.1	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	13.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.9			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.8		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	21.3	65 & Over	91.7				
Transportation	No	Cerebrovascular	10.2			RNs	11.9		
Referral Service	No	Diabetes	0.9	Sex	90	LPNs	7.7		
Other Services	Yes	Respiratory	1.9			Nursing Assistants,			
Provide Day Programming for	- 1	Other Medical Conditions	28.7	Male	29.6	Aides, & Orderlies	47.4		
Mentally Ill	Yes			Female	70.4	1			
Provide Day Programming for	- 1		100.0			I			
Developmentally Disabled	Yes				100.0	1			

Method of Reimbursement

		edicare			edicaid			Other]	Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	o _o	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	4.7	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.8
Skilled Care	7	100.0	378	60	93.8	114	0	0.0	0	36	97.3	166	0	0.0	0	0	0.0	0	103	95.4
Intermediate				0	0.0	0	0	0.0	0	1	2.7	163	0	0.0	0	0	0.0	0	1	0.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.6	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		64	100.0		0	0.0		37	100.0		0	0.0		0	0.0		108	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.9	Bathing				34.3	108
Other Nursing Homes			2.8		70.4	26.9	108
Acute Care Hospitals	65.7	Transferring	17.6		49.1	33.3	108
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.2		50.0	39.8	108
		Eating				12.0	108
Other Locations	11.8	******	*****	****	*****	******	******
Total Number of Admissions	102	Continence		용	Special Treat	ments	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.3	Receiving F	Respiratory Care	7.4
Private Home/No Home Health	11.1	Occ/Freq. Incontinen	t of Bladder	53.7	Receiving 7	racheostomy Care	0.0
Private Home/With Home Health	26.9	Occ/Freq. Incontinen	t of Bowel	31.5	Receiving S	Suctioning	1.9
Other Nursing Homes	2.8				Receiving (Ostomy Care	6.5
Acute Care Hospitals	0.9	Mobility			Receiving 7	Tube Feeding	2.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.8	Receiving N	Mechanically Altered Diet	s 40.7
Rehabilitation Hospitals	0.0						
Other Locations	20.4	Skin Care			Other Resider	nt Characteristics	
Deaths	38.0	With Pressure Sores		9.3	Have Advanc	ce Directives	99.1
Total Number of Discharges		With Rashes		7.4	Medications		
(Including Deaths)	108				Receiving E	Psychoactive Drugs	67.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Proj	prietary	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	96	ଚ୍ଚ	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	84.7	1.12	85.7	1.11	85.3	1.11	85.1	1.12		
Current Residents from In-County	86.1	81.6	1.06	81.9	1.05	81.5	1.06	76.6	1.12		
Admissions from In-County, Still Residing	30.4	17.8	1.71	20.1	1.51	20.4	1.49	20.3	1.50		
Admissions/Average Daily Census	90.3	184.4	0.49	162.5	0.56	146.1	0.62	133.4	0.68		
Discharges/Average Daily Census	95.6	183.9	0.52	161.6	0.59	147.5	0.65	135.3	0.71		
Discharges To Private Residence/Average Daily Census	36.3	84.7	0.43	70.3	0.52	63.3	0.57	56.6	0.64		
Residents Receiving Skilled Care	98.1	93.2	1.05	93.4	1.05	92.4	1.06	86.3	1.14		
Residents Aged 65 and Older	91.7	92.7	0.99	91.9	1.00	92.0	1.00	87.7	1.05		
Title 19 (Medicaid) Funded Residents	59.3	62.8	0.94	63.8	0.93	63.6	0.93	67.5	0.88		
Private Pay Funded Residents	34.3	21.6	1.59	22.1	1.55	24.0	1.43	21.0	1.63		
Developmentally Disabled Residents	0.9	0.8	1.16	0.9	1.01	1.2	0.78	7.1	0.13		
Mentally Ill Residents	31.5	29.3	1.07	37.0	0.85	36.2	0.87	33.3	0.94		
General Medical Service Residents	28.7	24.7	1.16	21.0	1.36	22.5	1.28	20.5	1.40		
Impaired ADL (Mean)	58.0	48.5	1.19	49.2	1.18	49.3	1.18	49.3	1.18		
Psychological Problems	67.6	52.3	1.29	53.2	1.27	54.7	1.24	54.0	1.25		
Nursing Care Required (Mean)	9.5	6.8	1.40	6.9	1.37	6.7	1.41	7.2	1.32		